

Substitute for Form PTD-873

Application of Doctor's Number
107500416

101500566

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

	RATE	FEE
OR		790
OR	12	—
OR	12	—
OR	12	—
OR	TOTAL	790

CLAIMS AS AMENDED -- PART III

**OR OTHER THAN
SMALL ENTITY**

	RATE	ADDITIONAL FEE
OR	REG _____	
OR	REG _____	
OR	REG _____	
OR	TOTAL ADDL FEE	

**TOTAL
ADDL FEE**

OR	TOTAL ADOL. FEE
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	RATE	ADD
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
18	100	100
19	100	100
20	100	100
21	100	100
22	100	100
23	100	100
24	100	100
25	100	100
26	100	100
27	100	100
28	100	100
29	100	100
30	100	100
31	100	100
32	100	100
33	100	100
34	100	100
35	100	100
36	100	100
37	100	100
38	100	100
39	100	100
40	100	100
41	100	100
42	100	100
43	100	100
44	100	100
45	100	100
46	100	100
47	100	100
48	100	100
49	100	100
50	100	100
51	100	100
52	100	100
53	100	100
54	100	100
55	100	100
56	100	100
57	100	100
58	100	100
59	100	100
60	100	100
61	100	100
62	100	100
63	100	100
64	100	100
65	100	100
66	100	100
67	100	100
68	100	100
69	100	100
70	100	100
71	100	100
72	100	100
73	100	100
74	100	100
75	100	100
76	100	100
77	100	100
78	100	100
79	100	100
80	100	100
81	100	100
82	100	100
83	100	100
84	100	100
85	100	100
86	100	100
87	100	100
88	100	100
89	100	100
90	100	100
91	100	100
92	100	100
93	100	100
94	100	100
95	100	100
96	100	100
97	100	100
98	100	100
99	100	100
100	100	100

	RATE	ADDITIONAL FEE
OR	$x \$ \frac{\text{per hour}}{\text{per day}}$	
OR	$x \$ \frac{\text{per hour}}{\text{per day}}$	
OR	$+ \$ \frac{\text{per hour}}{\text{per day}}$	
OR	TOTAL ADDL FEE	A

**TOTAL
ADDL FEE**

OR TOTAL
ADDL FEE

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	RATE	ADDITIONAL FEE
OR	xx .	
OR	xx .	
OR	+ \$.	
OR	TOTAL ADDL FEE	

**TOTAL
ADDL FEE**

**TOTAL
OR ADDL FEE**

- If the entry in column 1 is less than the entry in column 2, write "Y" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 172 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 9454, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8119 and select option 2.